

**N.H. EMERGENCY MEDICAL & TRAUMA SERVICES
COORDINATING BOARD**

Richard M. Flynn Fire Academy – Concord, NH

“APPROVED MINUTES”

May 20, 2004

Members Present: Steve Achilles; David Duquette; Fred Heinrich; Douglas McVicar, MD; Joseph Mastromarino, MD; Shawn Mitchell; Jackie Normile; Suzanne Prentiss; Susan Reeves; Norman Yanofsky, MD

Members Absent: Eileen Bartlett; Paul Gamache; Stephen Grise; David Hogan; Janet Houston; Julie Lastowka; Karen Lord; Dianne Roberts; Joseph Sabato, MD; John Sutton, MD; Clare Wilmot, MD.

Guests: Mark Beliveau, Jon Bouffard, Chief Steve Carrier, Dave Dubey, Jeanne Erickson

Bureau Staff: Liza Burrill, Educational Coordinator; John Clark, ALS Coordinator; Kathy Doolan, Field Services Coordinator; Clay Odell, Trauma Coordinator; Bill Wood, Preparedness Coordinator

12:45 PM - Prior to the formal meeting/Special Presentation: Dr. Rob Gougelet – Metro. Medical Response System (MMRS) - offered three handouts and gave a Power Point presentation. The information included planning issues for the three northern New England states – expansion of the mutual aid system. First responders and the emergency planning until Federal resources arrive, approximately 48-72 hrs. in to the incident.

- Activation & notification procedures
- Concepts of Operation Plan
- Bio-terrorism planning
- Specially trained responders and equipment
- Public Information
- Coordinated Protocols and customized pharmaceuticals
- Prophylaxis of an infected population

I. CALL TO ORDER

Item 1. The meeting of the EMS & Trauma Services Coordinating Board was called to order by Assistant Chief Steve Achilles, Vice Chair at 1:15 PM on May 20 2004, at the Richard M. Flynn Fire Academy, Concord, New Hampshire. Chairman Sabato was out of state and unable to attend.

Introductions of those present at the meeting site were completed.

II. ACCEPTANCE OF MINUTES

Item 1. March 18, 2004 Meeting Minutes

Changes to the attendance list (present/absent) were suggested by members present. With those changes made, the minutes were acceptable to the membership. **Motion** was made by S. Reeves and seconded by N Yanofsky to accept the minutes as written. Motion passed unanimously.

III. DISCUSSION ITEMS

Item 2. – NH EMS Medical Control Board Report – Dr. Mastommarino gave a quick overview of the morning meeting and asked J. Clark to review the updates to the advanced airway training, skill sheets and associated curriculum, and a protocol update overview. N. Yanofsky added that efforts were being made toward statewide standing orders and very few / if any local option protocols in the future.

J. Clark initiated discussion regarding physicians becoming licensed EMS Providers via a “bridge” program. He has been asked to look into the issues regarding liability with the Board of Medicine. S. Achilles added that it makes sense to engage MD’s and other medical professional in EMS especially in our rural communities. Brief discussion followed, concerns to keep in mind include proper preparation of hospital Physicians to work in the pre-hospital setting and the perception that a “one-way” bridge may be problematic.

(Please refer to the May 20, 2004, MCB Minutes for detailed information.)

Item 3. – NH Bureau of EMS Report – S. Prentiss

The Bureau Chief gave an abridged version of the written report in each Members packet and offered to other attendees as requested.

Rural AED Grant – This is a large scale project with only a 5% indirect afforded by the Federal Government for the last two years. The 2003 – 2004 grant is moving ahead and funding for 128 machines has been requested.

Commissioner’s ALS Study Group – This committee has widespread representation and is tasked with reviewing Statutes, Administrative Rules and positions regarding Protocol implementation on a statewide or local option basis. They will begin meeting in June.

National Registry Computer Adaptive Testing – The Bureau will keep everyone up to date with this as information becomes available. National Registry Representative, Phil Dickison, presented to Bureau Staff and to a focus group in May as well as discussed the potential testing methods of the future. The final plan is not yet in place. The Registry is seeking input from 20 different focus groups nationwide prior to making final decisions.

(Item 3 cont.)

EMS Week & Provider Safety – The two Provider Safety Presentations went very well. Six different sites statewide were used during the videoconferencing of each training and with only a few technical difficulties took place. Approximately 100 participants took advantage of the sessions. The Bureau will be following up with those who attended, to find out what they thought of this type of training media, and if they think it was a worthwhile method to use in the future. K. Doolan had copies of the two presentations PowerPoint handouts available for any interested individuals.

(Please refer to the March 17 2004, Bureau of EMS Report for more details.)

Item 4 – Regional Council Presentation – Region One – This was moved down the agenda to allow for a presentation by S. Carrier and L. Burrill.

Item 7 – Fire & Emergency Services Instructor Curriculum: - L. Burrill and S. Carrier:

L. Burrill and S. Carrier gave a report on the progress of the NFPA 1041 Instructor Curriculum Visiting Committee work. The committee has been meeting for several months. Their charge was to do 2 things: update both the Fire and EMS Instructor Training Curricula to the most recent standards (Fire NFPA 1041 and Department of Transportation (DOT) 2002 Standards and Guidelines for Instructor Training), and merge the two curricula to develop the Fire & EMS Instructor Training Program.

Based on the Committee's work, the updated Fire and Emergency Services Instructor Training Program meets the DOT 2002 standard for EMS. This program will be pilot tested, once at the Fire Academy and once in the Field. L. Burrill and S. Carrier were asked by the group to return with a more in-depth presentation of the program.

Item 4. (Return to original agenda order) – **Regional Council Presentation:**

Mark Beliveau, Regional Chairman, gave a PowerPoint presentation on Region One, the "Dartmouth – Lake Sunapee EMS Region". The presentation covered the variety of EMS Units and Personnel who cover the Region and the coverage areas, the projects underway by the Council and EMS related events that take place in the Region. Also covered were the difficulties facing the EMS Units in this Region: personnel shift coverage as the majority are volunteer Squads, budget issues at the Service/Community level and the misconception by the public about what EMS actually is comprised of and the work that "they" do.

S. Achilles stated that it was very helpful to have the information concerning the Regional Councils and that it is very beneficial to have the presentation to the Coordinating Board. He thanked M. Beliveau for his time and opened the floor to questions. None were made.

REMINDER: Region Three – Seacoast EMS Council is scheduled to present at the July meeting (Chairman Joe Mastromarino)

Item 5. NHBEMS Goals & Objectives – Goal #5 – Requested to be tabled by S. Prentiss. Tabled until July meeting by S. Achilles.

Item 6 – MCI Committee Status Report – F. Heinrich

F. Heinrich stated that sub-committee members – Jackie Normile, Bill Wood, Liza Burrill, Janet Houston, Dave Hogan and himself, have met and reviewed the different MCI programs that are used nationally. After review of several of the curricula and program offerings, the committee feels that 1) all Fire and EMS providers need MCI / ICS training (including HAZMAT) at some point in their training, and 2) we should have, at minimum, a standardized training program available through our agency.

The committee feels it is important that we are compliant with the standards of the National Incident Management System (NIMS), and have been reviewing the differing curricula with this goal in mind. Several available curricula were reviewed including the New England Council for EMS (NECEMS) MCI program and CD training package. Dr. Sabato had informed the committee of the availability of the AMAs Basic Disaster Life Support Program (BDLS) and AMAs Advanced Disaster Life Support Program (ADLS), which were also reviewed.

As a consensus, the committee does like the presentation of the NECEMS MCI program, and recommends it's use along with the addition of pediatric triage. The committee also made recommendations to promote a "tiered" MCI training program for NH:

Tier 1: Entry Level

MCI provider training for local units (traditional lecture & CD use).

Tier 2: Command Level

Command & Control MCI Course for EMS Officers for local units.

Tier 3: BDLS / ADLS

Promote AMA BDLS and ADLS courses quarterly on a regional basis.

Tier 4: MCI-related training

Promote MCI-related NHFA, NFA, NHBEMS, HEICS, MMRS, etc. programs offered by other agencies.

Discussion followed regarding instructors for the program, timelines for training, delivery mechanism, funding, etc. All of the details have not yet been addressed and the committee has offered to stay together to assist with issues surrounding this topic. Board members decided to wait on endorsing this program until after they had chance to review the NEC information, and requested that the NEC course outline be emailed to members prior to the next meeting. S. Prentiss will contact Joanne Lebrun from Maine EMS to see if she can speak at one of the next meetings regarding the NEC Program.

Item 7 – (see page 3 above)

Item 8 – Medical Reserve Corp Status Report – S. Achilles reported that Dr. Sabato was out of state and that this would be tabled until the next meeting when J. Sabato could give the update.

Item 9 - Items of Interest – All present

Provider Safety - S. Achilles made comment that it will be interesting to see the outcome / follow-up that comes out of the recent training he presented during EMS Week on Responder Safety at Traffic Accidents. Using the train-the-trainer method to spread the word has potential to be very effective but we will have to wait and see how many Providers are offered and take the training out at local Services.

S. Prentiss also suggested that it take time for Fire/EMS to accept new things and this videoconferencing method was new to New Hampshire's EMS community.

D. McVicar suggested that we use this media for as many training/meetings as possible as it truly is more efficient and then Providers will become use to it. He also made mention of the important messages that came out of the presentation on ambulance safety by Dr. Levick. The use of proper restraints on patients and Providers in the ambulance during transport and proper storage / securing devices on equipment that has the potential to "fly around" the patient compartment when a crash occurs. He suggested that the EVOC program could be promoted by the Bureau and that these components could be included, and mentioned that it might be time for EMS to move to a higher level with Provider Safety.

S. Achilles stated that he realized the dangers of working in the back of an ambulance after seeing the graphic photos contained within Dr. Levicks presentation. He did suggest that we needed to be careful about making unfunded mandates but agreed that Provider Safety is very important and that the updates to ambulances could possibly be mandated with any new vehicle purchases. This education will require "cultural changes".

S. Prentiss recommended some "Best Practices" – ex: promotion of EVOC, statewide policies on lights and sirens, restraints when possible. There is the potential for Federal standards to be changed via the ambulance consumers driving the manufacturers towards these changes (sliding airway management seat, four-point hitch restraints). According to Dr. Levick, in January of 2005 there is an Ambulance Transportation Safety Conference being sponsored by NHTSA. It is possible that some federal recommendations could be generate from this meeting. D. Dubey asked if the video shown in the presentation was available and thought that if this information was more widely distributed the NH consumers could assist in forcing the manufacturers. S. Prentiss thought that there might be copy write issues but would look into it and report back. J. Erickson thought that the crash test video might not be copy written but that Dr. Levicks video clips from actual accidents might be.

S. Prentiss stated that anything the Bureau can do to make Providers, and patients, more safe while in an ambulance, will be supported and implemented if possible. S. Reeves suggested that Board members make lists of issues regarding Provider Safety and not to make any assumptions that Service leaders know these things, also the membership should find out why more Providers/Unit Heads didn't come to these presentations. S. Prentiss stated that the Research and Field Services Sections are drafting a survey to be sent to individuals that did attend and the results would be reported next meeting.

(Item 9 cont.)

S. Prentiss also mentioned the “black box” technology which records all use within the ambulance and stated that Rockingham Regional Ambulance currently is implementing this technology as a trial. It will record when lights are turned on, speed of the vehicle, speed of turns, seatbelt usage etc. S. Prentiss will see if a representative from Rockingham can come to the September meeting and present the findings to the Board and/or we move out meeting to Nashua.

IV. ADJOURNMENT

Motion was made by S. Mitchell and seconded by S. Reeves – Motion passed unanimously – adjourned 3:05 PM

V. NEXT MEETING

July 15, 2004 – 1:00 PM – Cheshire Medical Center – Keene, NH

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by K. Doolan, Field Services Coordinator)